

Corres. and Mail

Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2626, Expedited Procedure

Docket No. 03500.013132.

Examiner: M. Wallerson

Group Art Unit: 2626

Date: November 26, 2003

RECEIVED

DEC 0 4 2003

Technology Center 2600

In re Application of:

YOSHIO KIMURA

Application No.: 09/200,874

Filed: November 27, 1998

For: IMAGING PROCESSING APPARATUS AND

METHOD AND MEMORY MEDIUM

Mail Stop AF

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

THE ICC Has	been calculated as si	IOWII DOIOV				
		C	LAIMS AS AMEN	IDED		
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	**	= 0	x \$9 \$18	\$0
INDEP. CLAIMS	* 5	MINUS	*** 4	= 1	x \$43 \$86	\$86.00
Fee for Multiple Dependent claims \$145°/\$290						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$86.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	Verified Statement claiming small entity status is enclosed, if not filed previously.
X	A check in the amount of \$86.00 is enclosed.
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
	A check in the amount of \$ to cover the fee for amonth extension is enclosed.
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.
X	Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.
	Respectfully submitted,
	Attorney for Applicant

Registration No. 29 286

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200

NY_MAIN 377474v1